

## State Health Improvement Plan (SHIP) Advisory Committee Summary notes from Oct. 13, 2016 meeting

Following a [presentation](#) from the Ohio Department of Health and the Health Policy Institute of Ohio, Advisory Committee members met in three small groups (Chronic disease, Maternal and infant health and Mental health and addiction) to identify key connections across priority topics and ways to strengthen the current set of strategies in order to reach SHIP priority [outcomes](#) within 3-6 years.

### Connections across priority areas

Analysis of the strategies recommended by workshop participants found the following common themes across priority topics (see [workshop summary matrix](#)):

#### Social determinants of health

- Nurturing family and school environments for children, including a focus on early childhood and school-based health centers
- Housing, with a focus on safe and affordable housing to prevent health problems and service-enriched housing to improve quality of life for those with chronic conditions
- Employment and income, with a focus on supporting work through tax credits, child care subsidies and living wages

#### Public health, prevention and health behaviors

- Comprehensive tobacco control programs, with an emphasis on increasing the unit price for tobacco products, mass-reach media campaigns and smoke-free policies

#### Healthcare system and access

- Access to health insurance coverage
- Value-based purchasing, including Patient-Centered Medical Homes
- Data system improvements
- Healthcare workforce, including an emphasis on pipeline programs, Community Health Workers, care coordination and culturally-competent care
- Tobacco cessation

In addition, participants noted the following opportunities for stronger connections across priority topics:

- Active living environments, social connectedness, community building and safety from violence and crime are closely related and can be addressed together
- Nutrition influences all three areas, but is currently only mentioned for Chronic Disease
- School-based health centers are not currently listed for Mental Health and Addiction, but could be an important strategy for addressing youth mental health, especially for early intervention
- Early childhood home visiting can address mental health and domestic violence, in addition to other issues (currently listed in Maternal and infant health); potential for broad impacts on all three priority areas; importance of connecting home visiting with prenatal care, such as through the Pathways HUB model
- Early childhood education is linked to positive outcomes across all three priorities, although it is currently only listed under Mental Health and Addiction

- We need to be clear about the purpose of the housing strategies included in the SHIP. For example, do we need to increase the supply of affordable housing and/or focus on providing services to at-risk groups through service-enriched housing? There are specific barriers and considerations for each approach.
- Service-enriched housing could address a wide array of issues across priority areas, including tobacco cessation, food security and healthy food access, mental health, etc.
- Access to safe, affordable housing could help to decrease stress, increase school stability/attendance, and reduce exposure to lead poisoning, asthma triggers, injury risks, etc.
- Community Health Workers can address all three priority areas and can be deployed for prevention (not just chronic disease management)

### **Strengthening the “glide paths” and other suggestions for improving set of strategies**

#### Chronic disease

- Diabetes glide path example in slides would strengthen impact on diabetes and heart disease outcomes (adding community physical activity, prediabetes screening with referral to DPP, PCMH incentives and outcome monitoring to support upstream activities)
- Need to add strong connections between the Healthcare system and access category with the other categories (the Healthcare system strategies are currently quite broad, and need to be more specific to drive toward the SHIP priority outcomes)
- Need to make sure there are adult-focused strategies, not just child or school-based
- Need to consider safety/security/violence/crime, active living environments, chronic stress, perceptions of crime and safety, and social connectedness—all impact chronic disease
- Need to go beyond simply educating people about nutrition and physical activity; provide skill building and support (DPP does this)
- Improved health literacy and community health workers can support chronic disease prevention goals
- Reducing tobacco use will have the biggest impact
- When thinking about priority populations, it’s important to keep in mind rural/urban differences. In many rural communities, income level is the most important disparity issue. Disability status is also important to consider in both rural and urban communities.

#### Maternal and infant health

- Cultural competency in health care is critical, but not sure we have actually figured out how to do this well
- Linking data systems is key for knowing whether we are making progress to reduce disparities
- Training for practices and clinicians to implement the LARC model is missing from the glide path and should be added; contraception reimbursement must also be addressed to reduce barriers

#### Mental health and addiction

- Regarding mental health services for children, lack of workforce is a major barrier and this strategy needs more specificity
- There are gaps in the continuum of care for kids with high needs
- Overall behavioral health workforce strategies were discussed and information on salary levels for providers should be considered

- To strengthen the glide path, we need a more robust peer support infrastructure

**Specific state and local-level strategies**

In a second round of discussions (grouped by cross-cutting factors), participants began to identify specific policies, system changes, programs, services or technical assistance/capacity building activities to consider for the SHIP for each strategy, including state and local-level options.

HPIO is building upon the information gathered during these discussions by reaching out to Work Team members with subject matter expertise specific to each strategy.